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SEP 07 2004

Atty Docket No. 015258-053900US

PTO FAX NO.: 1 703 872-9306

ATTENTION: Examiner Crepeau, Jonathan
TELEPHONE NO.:

Group Art Unit 1746

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF**

EXAMINER Crepeau, Jonathan

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following document(s) in re Application of Martin Keller, et al. , Application No. 09/960,530, filed September 21, 2001 for METHOD FOR OPERATING A FUEL CELL BATTERY is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Amendment
2. Fee Transmittal
3. Petition to Extend Time

Number of pages being transmitted, including this page: 11

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KTL/lo
60302742 v1

PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		<i>Complete if Known</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/960,530
		Filing Date	September 21, 2001
		First Named Inventor	Keller, Martin
		Examiner Name	Crepeau, Jonathan
		Art Unit	1746
TOTAL AMOUNT OF PAYMENT (\$) 420		Attorney Docket No.	015258-053900US

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crow LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																			
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Kevin T. LeMond	Registration No. (Attorney/Agent)	35,933
Signature		Telephone	415-576-0200
		Date	9/7/04

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